PART B - FEE(S) TRANSMITTAL

Complete and and this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE SEP 0 7 2010

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCEION. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

06/07/2010

BRANDON N. SKLAR KAYE SCHOLER, LLP **425 PARK AVENUE** NEW YORK, NY 10022

09/07/2010 HVUONG2 00000052 500988 09919286

01 FC:1501

1510.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Brandon N. Sklar, Esq.	(Depositor's name)
() granoft-/le	(Signature)
September 2, 2010	(Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.
09/919,286 TITLE OF INVENTION:	07/31/2001 ROOM FOR CONDUC	CTING MEDICAL PRO	John D. Kersten CEDURES		260/131	2483
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$0	\$0	\$1510	09/07/2010
EXAMI	NER	ART UNIT	CLASS-SUBCLASS			
CATTUNGA	L, SANJAY	3768	040-436000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Brandon N. Sklar, Esq. Kaye Scholer LLP				
			THE PATENT (print or typ data will appear on the pa T a substitute for filing an a		is identified below, the d	ocument has been filed
(A) NAME OF ASSIG	NEE ;		(B) RESIDENCE: (CITY	and STATE OR CO	UNTRY)	
Fonar Corporat			Melville, New Yo			_
lease check the appropris	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corp	oration or other private gro	oup entity Governme
	re submitted: o small entity discount p	permitted)	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit care The Director is hereby overpayment, to Depos	d. Form PTO-2038 is		·
. Change in Entity State	•	•				
	SMALL ENTITY statu				ENTITY status. See 37 Cl	
iterest as shown by the re	100	tes Patent and Trademark	d from anyone other than the Offige.			party
Authorized Signature	1) Trunk	oNU.NV	Cu	Date Septe	mber 2, 2010	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Brandon N. Sklar, Esq.

Typed or printed name

Registration No. 31,667

OPAR		PART I	B - FEE(S) TRANS	MITTAL			
				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450			
SEP 0 7 2010 W			Ā	0. Box 1430 lexandria, Virginia 71)-273-2885	22313-1450		
INSTRUCTIONS: Dis form should applicate All Soldier corresponder indicated wies corrected below or maintenance fee notifications.	be used for transce including the directed otherwise	nsmitting the ISS Patent, advance of the in Block 1, by (UE FEE and PUBLICA rders and notification of a) specifying a new corr	TION FEE (if required) maintenance fees will be espondence address; and	Blocks 1 through 5 sho be mailed to the current c Vor (b) indicating a separate	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS	(Note: Use Block 1 f	or any change of address)	· Fe	e(s) Transmittal. This ce	ing can only be used for rtificate cannot be used for per, such as an assignment nailing or transmission.	r any other accompanying	
7590	06/07/2010		ha				
BRANDON N. SKLAR KAYE SCHOLER, LLP 425 PARK AVENUE				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NEW YORK, NY 10022			E	Brandon-N. Sklar, Esq. (Depositor's name)			
		•	<u> </u>	moder 3 2010	Il-Man	(Signature)	
APPLICATION NO. FII	ING DATE	T		September 2, 2010		(Date)	
	7/31/2001	<u> </u>	John D. Kersten	R AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: ROOM FOR		G MEDICAL PRO			260/131	2483	
	•			•			
APPLN. TYPE SMALL E	ו עוווא	SSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NC)	\$1510	\$0	\$0	\$1510	09/07/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
CATTUNGAL, SANJAY		3768	040-436000	_			
1. Change of correspondence address (CFR 1.363).	or indication of ".	Fee Address" (37	2. For printing on the		Brandon	N. Sklar, Esq.	
Change of correspondence addr Address form PTO/SB/122) attache	ess (or Change o	f Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (horizone a namely a 2 Kaye Scholer LLP				
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDE							
PLEASE NOTE: Unless an assign recordation as set forth in 37 CFR	nce is identified back in the second	pelow, no assignee n of this form is NO	data will appear on the of a substitute for filing ar	patent. If an assignee is assignment.	identified below, the doc	nument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CIT	Y and STATE OR COU	NTRY)		
Fonar Corporation			Melville, New Y	ork			
Please check the appropriate assignee	category or categ	ories (will not be p	rinted on the patent):	Individual Corpor	ation or other private grou	p entity Government	
4a. The following fee(s) are submitted Issue Fee	:	41	b. Payment of Fee(s): (Ple	ase first reapply any pi	reviously paid issue fee sh	nown above)	
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies _			The Director is hereb overpayment, to Dep	y authorized to charge the osit Account Number	ne required fee(s), any defi 50-0988 (enclose an	ciency, or credit any extra copy of this form).	
5. Change in Entity Status (from stat a. Applicant claims SMALL EN		•	☐ h Applicant is no lo	ager alaiming SMALL E	NTITY status. See 37 CFF	2.1.27(~)(2)	
NOTE: The Issue Fee and Publication interest as shown by the records of the	Fee (if required)	will not be accepte	d from anyone other than				
Authorized Signature	ruler	MN	la	_{Date} Septem	ber 2, 2010		
Typed or printed name Brando	n N. Sklar,	Esq.		Registration No.	31,667		
This collection of information is requi an application. Confidentiality is gove submitting the completed application this form and/or suggestions for reduc Box 1450, Alexandra, Virginia 22313 Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act o	-1450. DO 1101	DEIND I LLS OK	COM LETED TORMS	retain a benefit by the putinated to take 12 minuvidual case. Any commer, U.S. Patent and Trad O THIS ADDRESS. SE	ablic which is to file (and the test of complete, including costs on the amount of time emark Office, U.S. Depart ND TO: Commissioner for	ratelles, r.O. Box 1430,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.